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ORIGINAL DEPARTMENT.

ULCERATION OF THE OS AND  
CERVIX UTERI.

BY T. CURTIS SMITH,

Of Middleport, Ohio.

(Continued from p. 51.)

Erosion.

Erosion or simple excoriation of the neck and orifice of the uterus is met with every now and then, but I have not seen it as often as the granular form. In this form the mucous membrane is simply deprived of its epithelium, which may be very small in extent or spread over considerable surface; thus it may involve one lip, forming a crescent-shaped excoriation, or it may involve both lips, forming a circle around the orifice. It is "distinguished,\* by its lively red color and its velvet-like surface, from the neighboring rosy and smooth parts."

This form of the disease is very often caused by irritating discharges from the uterus, and is very liable to accompany "acute or chronic uterine catarrhal inflammation of the mucous membrane of the neck and of the vagina." It may also be produced by mechanical causes, such as have been named as being the exciting cause for commencing granular ulceration. It is more apt to occur when, from congestion or inflammatory action of the mucous membrane, the epithelial layer is less strongly adherent than in a healthy state.

An *aphthous* form of erosion, as also a *herpetic* form, may arise from constitutional derangements. These conditions are produced by digestive or systemic derangements, that produce similar affections of the mouth and throat. SCANZONI favors this view and gives cases in illustration of the truth of it.†

This form of ulceration of itself would not be of very great practical importance if it never led to a more serious phase of the disease. But unfortunately this is often the case, and what has begun in a simple excoriation of the mucous membrane of the cervix or lips of the os, "almost always degenerates into deep ulcerations of long duration, which at last injure the entire organism, wherefore it is the duty of the physician to give them all his attention, and to seek in season to cure them." This is but a reiteration of the view set forth while speaking of the granular form of ulceration in former pages.

The *diagnosis* is generally easy. There is an absence of all the characteristics of the granular ulcer, except the color and velvety appearance. There is but a simple erosion. This may sometimes, when observed, be covered by an aphthous, herpetic, or even a diphtheritic tunic or eruption, which is easily removed, when the true character of the affection will be made out.

The *prognosis*, under proper treatment, is nearly always favorable, but complete recovery may require several weeks or months. The duration will depend very much on the real cause of the disease, and the facility with which it may be removed.

In the treatment, all derangements of the system should be removed as far as possible, for which such general medication must be adopted for each case as in the judgment of the physician seems proper. Local causes should also receive attention; locally, strict cleanliness must be secured, which can best be done by large injections of warm water, say one or two gallons, passed through a David-

\*Scanzoni.

†Dis. Females, pp. 216-17.

†Loc. cit.

son's syringe into the vagina, two or three times a day; local blood-letting can be practiced with advantage if there is much hyperemia of the mucous membrane, and the patient is not already anemic; otherwise it would be of little, if any, value.

In this form of the affection a few have highly recommended the application of caustics in full strength, but this to me seems too heroic. An application of a solution of argenti nitras, of ℞j. to ℞ij. to the ounce of water, made through a speculum; or a solution of zinci sulphas, grs. vj. to ℞j., or cupri sulph., grs. iij. to ℞j., is usually sufficiently strong to effect the desired result. These should be applied every eight to twelve days, but the injections should be continued every day. Mild astringent injections will prove beneficial when indicated by relaxed vaginal mucous-membrane, or free leucorrhea. In many of these cases the suppositories mentioned, while speaking of granular ulceration, will effect a recovery without the topical use of caustics or caustic solutions, but too much dependence should not be placed in these alone.

The patient should enjoy an abundance of free, pure air, passive, or some light, active exercise. The diet should be nourishing, easy of digestion and taken regularly. Confinement to the recumbent position during an entire course of treatment of this affection can, to my mind, hardly be too severely condemned. The reasons for this have been stated elsewhere.

One thing must be remembered in the treatment of this and all other forms of cervical ulceration, *i. e.*, that so long as the cause that produced the ulcer remains, the ulcer cannot be permanently cured. The remote and immediate causes should be hunted out and removed, if possible.

#### FOLLICULAR ULCERATION.

This is simply an ulceration of the mucous follicles of the cervix, and is similar to the ulceration of the follicles of the mucous membrane in other localities. These follicles are formed on the external and internal surface of the cervix, the mucous membrane on the one hand being continuous with that lining the uterus, and on the other hand with the vaginal mucous membrane. They are lined with epithelium and basement membrane, and contain more or less mucous and granule cells.

This form of ulceration shows different

phases at different times. There may at one time be observed small vesicles the size of a millet seed, which are filled with a fluid the consistence of thick mucilage.\* At another time they are seen open, or after the vesicles have been ruptured and a simple follicular ulcer is observed in the situation formerly occupied by the vesicle. Afterward the papillae become, from hyperemia, enlarged, somewhat elevated, and very red. In this condition they may be mistaken for granular ulcers. This form of ulceration is included by SCANZONI under erosion of the cervix, and it is doubtful whether the two distinct names should be admitted, as the diseases are very similar. The causes of this affection are the same as those causing simple erosion and often granular ulceration.

The prognosis will depend largely on the cause of the disease. If this can be removed or relieved, recovery usually follows under proper management of the case.

In the treatment, during the vesicular stage, the vesicles should be opened and the ulcer penciled with nitrate of silver, or lightly with stronger caustics. But very often a strong solution of the nitrate or of zinci sulph. is sufficient. Hygienic measures as recommended for other forms, and also the suppositories and general constitutional treatment will be found indicated in this.

#### INFLAMMATORY ULCER.†

Inflammation of the mucous membrane or parenchymatous substance of the uterus may give rise to a form of ulceration characterized by inflammatory action throughout its course. This is characterized by its destruction of substance, precipitous edges, with more or less induration in most cases. At first there is simply inflammation of an active character, running on to suppuration more or less free.

A solution of continuity occurs during the inflammatory process, which may be slight at first, but as there is but little disposition to spontaneous recovery, it continues to destroy the substance of the cervix, and in time it becomes chronic, when the morbid process is more sluggish. If examined at this stage, the body of the uterus is found more or less enlarged or hypertrophied, and sometimes seems hard and indurated; at others simply congested.

\*Thomas.

†After the first stage it is doubtful whether the two can be differentiated.

‡Many think this is the only true form of cervical ulcer.

The edges of the ulcer are now precipitous and of irregular shape; one or both lips may be involved, i. e., one may be quite destroyed while the other is intact, but enlarged, or both may be affected at the same time. The edges of the ulcer are apt to be more or less indurated, and in some instances are undermined during the progress of the disease.

The granulations will appear quite healthy, and do not bleed when mopped clear of pus or mucopus, as readily as the granular ulcer, unless there be a tendency to the fungus variety developed. It is diagnosed from granular ulcer by its irregular and precipitous edges with slight induration, less tendency to bleed, and more sharp, twinging pains. Thomas\* states that "This form of ulcer is very rarely met with, except as the result of direct injury with coexisting parenchymatous congestion or inflammation." I have not usually found it to be traceable to any mechanical injury, but to arise simply as the result of inflammation. Anything that may give rise to active inflammation may stand as a remote cause of this form of ulceration.

The prognosis will depend on the success of measures adopted to remove the inflammation and its causes, if the latter still exist. Topical bleedings will generally be valuable; these should be followed by frequent injections of warm water, and if much pain is experienced a suppository of any effectual anodyne will be valuable. Caustics may be used to excite healthy action by their counter-irritant and alterative effect, and to destroy the indurated edges if they have been undermined, or these edges may be pared off, which answers the double purpose of their removal and of topical bleeding. Caustics should be used more sparingly than in most other forms of the disease. Rest should only be required in those cases where exercise seems to aggravate the disease. Where uterine displacement has been a cause of the affection primarily, or is a cause for its continuance, measures should be adopted to effect replacement to its normal position.

#### THE SYPHILITIC ULCER.

A few words as to the differentiation of this form, and I am done.

The physician should be very careful in his expression of an opinion with reference to an ulcer suspected to be of this nature, as the patient herself is often innocent of any breach

of fidelity, and her character might be readily ruined by a too hasty expression\* or a thoughtless word. In a therapeutic point of view, it is of great importance that it should be diagnosed early and treated promptly. Thomas states that "these are the means of diagnosis in cases of chancre:

- "Border of ulcer precipitous;
- "Surface of ulcer depressed;
- "Great tendency to bleed;
- "Great tendency to false membranous covering.
- "Rapid development of symptoms;
- "Early appearances of roseola;
- "Transmission by inoculation.

"All of these signs are of value, but the only one upon which a positive opinion could be based is the last."

The secondary manifestations follow more quickly than is usually the case where the lesion is located elsewhere.

This is treated in the same manner as syphilis, when the initial lesion occurs on other portions of the genital organs, mercurials forming the chief reliance in combatting the disease.

N. B.—In the introductory part of this paper I stated that I had not yet seen a case in which the initial lesion of syphilis was primarily located on the cervix uteri. Since that date a case of undoubtedly syphilitic ulcer on the cervix has fallen into my care, all the manifestations pointing unmistakably to its character as being the initial lesion of syphilis. Of phagedenic and cancerous ulceration of the cervix I will not at present treat.

#### AN INTERESTING CASE OF PROTRACTED AND MULTIFORM DISEASE.

By W. C. COLEMAN, M. D.,

Of Latrobe, Pa.

February 26th, 1869, was called to see Miss W., who gave the following history: "Am 20 years of age, and always enjoyed good health until May 15th, 1868, when I was taken sick and had to go to bed. Sent for Dr. E. S. RIGGS. When he had examined me he pronounced my disease fever (typhoid), but said it was likely to be very mild. I kept my bed ten days, at the end of which time I began to sit up. During the ten days I was confined

\*In addition, a serious legal question might arise, affecting the virtue of the woman.

\*Dis. Women, p. 281.

to bed I felt a pain at times in my right knee, and after I got up it began to be more severe and constant. It soon began to swell and grow tender. Dr. RIGGS directed me to apply a 'fly blister' to it, which I did, and by his direction continued to apply them until I had seven different blisters drawn. The relief I received from this was only temporary. Dr. RIGGS went to Philadelphia October last, and I did nothing with my knee until in January 1869, when I visited Dr. MCGIN, of Pittsburg. He directed me to blister again, and gave me a little medicine internally. I remained in the city one week, during which time I applied two blisters, and when I returned home did not find any relief from the blisters and left off."

In addition to the above I learned that she began to menstruate between 13 and 14, and that she had menstruated regularly until she took sick, and since then had been quite irregular; had lost much flesh; had no appetite, and the bowels very much constipated. The glands about the neck had frequently enlarged; the eyes had been sore for some time; had a dry, hacking cough and some soreness in the chest.

After having satisfied myself as to the examination, I concluded I had a case of chronic inflammation of the knee-joint, with general debility and a well marked scrofulous diathesis. Treatment:

R. Ferri. et. quiniæ. cit.,	3jss.
Aque bul.,	f. 3ijss.
Tinct. gentian comp.,	f. 3ij.
Syr. zingiber,	f. 3j M.

Sig.—Teaspoonful three times a day after meals.

I also directed that tincture iodine be applied freely to the knee; ordered laxative diet and a few pil. cath. comp. to be used if needed.

Continued this treatment regularly for two weeks. General health somewhat improved, but little change on the knee, except that she rested better at night. Continued the internal treatment for two weeks more, but substituted steaming for the iodine. Used hot water with onions cut into it, and placed the knee over the water and covered with a woolen blanket. Repeated this two or three times a day, and in the meantime kept flannel cloths around the joint. This gave the first permanent relief to the knee, and at end of two weeks it was very much improved, the swelling having mostly subsided and very little pain or tenderness.

Dr. L. S. CLAGETT, of Penn Station, paid me a visit once, and we saw the patient, and concluded to use a weak solution of ammo. muriate to the knee, and continue the tonic.

The case continued to progress favorably for a few days, when a diarrhea set in, and the patient began to complain of a pain in the hip joint. The diarrhea was not hard to control, but the pain in the hip became more and more severe. At this time gave as a tonic:

R. Tinct. gentian comp.,	f. 3ij.
Acid nit. muriat.,	3jss.
Syr. zingiber,	3j.
Aque font.,	f. 3ijss. M.

Sig.—Teaspoonful before meals.

Continued the ammo. to the knee, and applied large, warm, flaxseed poultices to the hip, and gave ammo. bromide, gr. xv. to xx., to quiet her during the night. Continued this treatment for three weeks, with very good results; knee well, except a little tenderness, and the hip joint so much improved that she was up a portion of the day. But this favorable condition only lasted a few days, when she was obliged to return to bed, the hip having become very painful, the leg and thigh being very much flexed. The flaxseed poultices were resorted to, but did not give the slightest relief, and I determined to use my hypodermic syringe, although the patent always had unpleasant effects from use of opium in any form, when given by the mouth. From 1 to 1 of a grain morphia sulph., in connection with the poultices, would give relief for twenty-four hours; still the patient suffered more or less from sickness produced by the morphia.

Having concluded that I now had a case of morbus coxarius, on May 4th, 1869, after giving the patient a few inhalations of ether, I extended the leg, and applied a thirty pound weight to it by means of adhesive strips. Having extended the limb fully, I made an issue (with caustic potass.) about one and a-half inches in diameter. Continued the tonic and gave nothing else; and the patient began to improve almost immediately, and continued so up to the 18th, when I started West and left her in care of my partner, Dr. E. FERGUSON. The hip continued to improve, and by May 27th the weight was removed after Dr. F. had reopened the issue. About this time the left hip became very painful, which disappeared by the use of some liniment ordered by Dr. F. During the former part of June



she was up most of each day, but the right hip joint was quite tender. I returned home in the middle of June, and directed her to use crutches, which she did for six weeks, and made very good progress. From the shortening of the limb and the pitching of the pelvis, she was obliged to have the heel of her shoe made two inches high, but more than one-half of this shortening came from inequality in the pelvis.

August 1st, 1869, began to complain of difficulty in urinating. Tested the urine—s. g. 1.822—very acid, and abundant in phosphates; also traces of mucus. As she had left off all medicine when she laid aside her crutches about a week before, I directed her to use soft water, and sometimes add a little soda carb. to it, and gave an alkaline diuretic, composed mostly of potas. acetat. Continued this to August 9th, when she visited me by riding in a buggy three miles. From the symptoms I was led to suspect uterine disease, and on making a vaginal examination found the uterus anti-everted, and resting hard on the bladder. I replaced the uterus and ordered cool astringent injections, to relieve the heat and tenderness of the parts, and prepare for more direct treatment. In addition to the diuretic already ordered, and which she had been using, I gave uva ursi tea, with a little soda sal carb. added to each dose.

Under this treatment she gradually improved up to Sep. 26th, when I was called to see her for a pain in left hip; the symptoms of acute inflammation being well marked. I extended the limb (which was flexed considerably) and attached about twenty pounds to the leg; left off the tea and added a little spts. nit. ether and tinc. digitalis to my diuretic mixture. At end of two weeks the hip was free from pain and had little tenderness, and, with use of crutches for three weeks, the latter entirely disappeared and the urinary difficulty was very much improved. But a more serious trouble appeared to be developing, which in a few days proved to be pelvic cellulitis. Had the diuretic renewed, and ordered warm injections of weak flaxseed tea.

While making a vaginal examination I ruptured an abscess which pointed into vagina. This gave temporary relief; but, in a few days, was called, and the patient felt sure there was another abscess formed. I again examined, and found it pointing into vagina to the right of the os uteri. By firm and steady pressure for a moment I had the

pleasure of feeling the warm pus discharge, and in a few minutes the pain had greatly diminished. A few days afterward a small abscess opened while she was using the warm injection.

The symptoms all became favorable after this, and I had strong hopes that I could discharge her soon; but no sooner had all the pelvic organs got well than symptoms of trouble in another part of the body began to show themselves, and on November 13 I was called to see my patient, who was suffering with pain in the left elbow (I began to think that, perhaps, after we would get around all the limbs, and most of the internal organs, we might have a brief intermission); and, finding acute inflammation of the joint, directed flannel cloths, using hot vinegar and cayenne pepper; gave internally:

R. Potas. acetat.,	3v.
Vini colchic. r.,	f. 3ss.
Aque,	f. 3iiss.
Syr. sim.,	f. 3j. M.

Sig.—Teaspoonful four times a day.

Having given the vinegar and pepper a fair trial and but little benefit being received, determined to extend the forearm and try an issue, which I did, and with very good results.

December 1st, 1869. The elbow about well, but a new point is assailed. The left ovary became so painful that I was sent for on Dec. 15th, 1869. Found the patient in bed and suffering very much, and there was great tenderness over the affected organ. Gave the ammo. bromide in syr. and mucilage, gr. xx. to the f. 3j., and applied mustard to the surface. Continued for a few days and acute symptoms subsided, when I gave fluid extract phytolacca gtt. iij. to x. three times a day, one hour after meals, and externally ung. iodine. No relief after ten days' trial, and on January 7th examined uterus by the speculum. There being slight prolapsus and fundus forced to the right side, I had some difficulty in making a satisfactory examination with my cylindrical speculum. Found congestion and abrasion of os. Treatment, depletion by puncturing, followed with cool injections: The uterus improved rapidly under this treatment, but the ovary stood still and continued to give more or less pain. For two months the treatment was continued. The abrasion cured at end of six weeks, but still some slight congestion and prolapsus. During this time the patient could not lie well on her back, and not at all on her right side.

March 11, 1870, Dr. RIGGS called in consultation. Diagnosis, an ovarian tumor, but the class or kind we could not determine. Gave

R. Potass. iodid., 3j.  
Aque. bul.,  
Syr. zingiber, aa. f 3j.  
Syr. slimp., f 5j. M.

Sig.—Teaspoonful three times a day two hours after meals, and continue the ung. iodine.

We were obliged to discontinue the internal medicine, the stomach becoming deranged—and substituted the bitter and acid tonic formerly used. The symptoms continued unchanged up to April 1st, when pain began to appear in left hip, and on the 4th Dr. RIGGS and I met again and found acute inflammation of hip joint. Counter-irritation by an issue and extension was adopted and immediately put into effect. Twenty-five pounds were attached to the leg and an issue made over the joint with potass. Kept the limb extended for eighteen days when the pain had gone, and after using the crutches three weeks all tenderness had disappeared, and there has been no return of pain in either hip since.

Left off tonic and resumed the phytolacca. Continued this a short time, only until I was obliged to suspend it and give a diuretic for a few days, and as she now appeared to be about as comfortable, as could be expected, considering the inconvenience the enlarged ovary gave, although it grew but very slowly, I left off treatment of all kinds.

June 8th, 1870, found the left mammary gland enlarged and very painful. Gave

R. Ferri sulph.,  
Quinæ sulph., aa gr. j  
Anti. et. potass. tart. gr. 1-10.  
Opil pulv., gr. ½ M.  
Fiat.—pil No. 1—one three times a day, and applied tinc. iodine to the gland.

Better in a week and about well in ten days; continued the pills for three weeks, when the patient desired to stop all medicine, which I agreed to.

July 23d, 1870, the patient was very much astonished by the unusual amount of urine—having voided about 9 pints in 24 hours of very clear and odorless urine, s. p. 1001. This continued regularly from day to day, averaging from 6 to 8 pints in 24 hours until the last of September, and there being no unusual thirst, dry suppers and no drink of any kind during the evening or night. Laxative diet, and occasionally a comp. cath pill, constituted the treatment.

During this time a few small calculi were passed at two different times, and the patient became very feeble, but still could be up most of the day. The flow of urine did not appear to affect the tumor in any way, and its growth continued very slow. As soon as the urine decreased, the pain in the back became more severe and finally got so acute that she could not lie at all. Applied

R. Tinc. iodine, f 3jss.  
Ol. tiglli, f 3j

and obtained a full eruption of postules; directed poultices of bread and milk, and gave chloral hydrate gr. xv. every evening. She soon enjoyed full nights' sleep.

A change was expected and as usual came. The urine scanty and passed with difficulty, having often to wait half an hour or more before any relief, and frequently only a few drachms passed after waiting. At different times small calculi, composed mostly of lime, were passed. Soft water, alkalies, acids, teas and tonics all failed, and as all the symptoms indicated stone, on December 14th, 1870, carefully sounded the bladder, but found no stone. The posterior well was very rough and corrugated and extremely sensitive. Having dilated the urethra, I directed injections of warm flaxseed tea to be thrown into the bladder, and gave

R. Fl. ext. belladonnae, f 3j.  
Aque. cinnamo., f 3ss.  
Syr. zingiber, f 3ss.  
Fl. ext. taraxaci, f 3j.

Sig.—Teaspoonful 4 times a day. M.

I was not a little rejoiced when I next heard from her that she was much better, and when I visited her a few days after, I found her entirely free from pain in the bladder and having but little difficulty with the urine. By continuing the treatment for a short time the cure was complete.

From this to the 24th of February, 1871, she got along quite comfortably (except the inconvenience of the tumor), when I was called to see her, and found her suffering with congestion of kidneys. Applied hot salt to the back, and gave a mild diuretic, and, by continuing this treatment for a day or two, the leading symptoms were relieved. Continued internal medicine a short time, and the cure was perfect—at least there has been no return since.

Now came a new trouble, viz.: pruritus vulvæ, for which I gave various washes—soda subcarb., soda sulphite, cider vinegar,

etc., with ung. zinci and ung. spermacefi, and then the two combined. I finally hit on two simple things—cold, sour buttermilk as a wash, and, internally, elix. ferri pyrophos.

R. Glycerine, 3j.  
Acid tannic., gr.xx. M.

Sig.—Apply after washing with buttermilk.

This gave almost immediate relief, and it was not long until she was entirely relieved.

At times, for the last seven months, the patient described a sensation that gave great desire to pass something from the uterus, and sometimes was fearful that something might come from her suddenly and destroy life.

On the 3d of April, 1871, a discharge from the uterus began—and was very profuse for one week—of a dark, unhealthy color, and a very offensive odor. This ceased on the 10th of April, and returned on the 20th, and was more profuse than before. After continuing for two weeks, the discharge became bloody, and the solid parts were not diminished. Warm injections were used to keep the discharge free. The bloody discharge continued two weeks, and the solid particles continued for one week more, making in all five weeks.

After the discharge ceased, the great quantity of urine returned. She continued to void about a gallon in 24 hours for a week, and now, June 1st, 1871, she is complaining of incontinency of urine. I have directed a renewal of fl. ext. belladonna, etc., and injections of flaxseed tea (weak) into the bladder. Since the discharge from the uterus the tumor is much smaller, but the pain in the back continues the same as before, and during the discharge she complained very much of pain in front and inner part of left thigh, which is not relieved since the cessation of the discharge. During the five weeks the uterus was throwing off this product. I collected four different specimens of it. The first was examined by Dr. E. FERGUSON and myself, and being unable to satisfy ourselves as to the nature of it, I determined to send the next to my gentlemanly friend, Dr. J. C. SNIVELY, of Brooklyn, N. Y., for examination, and I here give the result of the examination by himself and others:

JUNE 26, 1871.

DR. COLEMAN—Dear Sir: I examined the two specimens of urine and also the vaginal discharge, and then referred them to others more expert than myself in the use of the microscope, viz.:

Dr. SEIGR, of Brooklyn, and Dr. E. S.

DUNSTER, Professor of diseases of women, in L. I. C. hospital.

There is nothing in the urine abnormal, and as to the vaginal discharge, I cannot do better than quote Dr. DUNSTER's report, as our united judgement.

"The pieces of the specimen are all alike, and consist exclusively of large flakes of pavement epithelium exfoliated from the vagina. They have no connection with the uterus, nor with the abscess from cellulitis to which you refer, unless the latter may have set up a subinflammatory condition of the vagina inducing the exfoliation."

Very truly yours,  
J. C. SNIVELY.

The symptoms of incontinency of urine soon subsided by use of the belladonna.

On the 14th inst. called and found her suffering much pain in left side and extending down front of the left thigh; accompanied with "bearing down pains," and a sensation as though something must pass from the uterus. That evening a discharge of pure blood came, in every way resembling the menses—and the 15th there was a mixture of blood and solid material. This continued for three days, since which time there have been a few shreds of membrane similar to those sent to Dr. SNIVELY. The patient, since the 21st, has been taking

R. Tinct. gentian, f. 3ij.  
Acid nit. muriat., f. 3j.  
Syr. zingiber, f. 3j.  
Aque font., f. 3jss. M.

Sig.—Teaspoonful before meals.

And for some time previous, and at present, is using chloral hydrate in doses from gr. v to xx, to relieve pain and produce sleep.

The discharge of June 15th contains very little of the membrane, so far as I have been able to detect, and I send a specimen with this to editors of the REPORTER; also one to Dr. SNIVELY, and will continue the examination myself.

[Having submitted the specimen to that able microscopist, Dr. J. G. RICHARDSON, the editors of the REPORTER received from him the following communication:]

PHILADELPHIA, July 29, 1871, }  
No. 1620 Chestnut Street. }

EDS. MED. AND SURG. REPORTER:

From prolonged maceration in alcohol the specimens forwarded by Dr. COLEMAN have become very granular, and considerable alteration appears to have occurred in the component cellular elements.

Portions cut from one of the lighter colored masses, stated to have been passed in April, are seen under a power of 200 to be composed

of pavement epithelium desquamated in layers from the vagina. Further amplifications disclose no pus or red blood corpuscles, mycelial threads, nor well defined specimens of the same.

Thin sutures of the reddish substance exhibit numerous granular (but probably not fatty) round and oval cells, varying from 1-3000 to 1-2000 of an inch in diameter (occasionally furnished with nuclei about 1-4500 of an inch across) and seemingly held together by a very small amount of delicate struma not clearly displaying, when penciled out, any large alveoli. One small area of this reddish material appeared to be covered with uterine epithelium, the outer layer of which presented the aspect of having possessed cilia, but so great were the changes already referred to that even with a power of 2,300 diameters, I could not be sure either that such was the fact, or that the germinal-tissue-like structure was attached to and had existed in contact with the uterine mucous membrane during life.

As you will see by reference to my Handbook of Medical Microscopy, p. 305, I do not consider that any microscopist would be authorized to express a positive opinion in regard to diagnosis or treatment without a full knowledge of the history, general symptoms, etc., of the case.

Very respectfully yours, etc.,

JOS. G. RICHARDSON.

[Under date of November 10, 1871, Dr. COLEMAN continues]:

As the discharge continued, the red material became more and more abundant, and the white less; and at times the red became almost a deep brown, and passed in quite large quantities, in pieces from the size of a large pea to that of an ordinary hickory nut, and had an offensive odor.

The os uteri kept flabby and slightly dilated. The patient continued to use vaginal injections of cold water, and the discharge was maintained to about to July 1, 1871, but at times was very scanty; and, even after this date, there were slight appearances of a return, but these only lasted a few hours. During the time of the discharge the tumor grew gradually less, and after the cessation it required a careful examination to detect and determine its dimensions, and the pain and tenderness had almost entirely disappeared. She complained of more or less pain in the pelvic organs, and at times of incontinence of urine, and the uterus remained somewhat prolapsed; but the great difficulty was wholly of a mental character, which she had been keeping a secret, and she only revealed it to me on promise that I would not make it known, not even to her own mother. The delusion was, *she was*

*fully convinced that she would die soon and very suddenly, and that after death she would be eternally punished.* Prescribed hydrate of chloral, gr. xii. to xv., to be taken every evening, and recommended out door exercise. As I had no liberty to inform her minister, although he visited her frequently, I was obliged to spend much time, when I visited her, in explaining Scripture, and other religious exercises.

On a former occasion, by acting in the double capacity of physician and minister, I had been able to dispel her fears in regard to her future happiness, but this second attack was tenfold worse than the first, and it was only after I had almost given up all hope of success, and had secured her consent to make the matter known, she received comfort and consolation for her spiritual wants. But death still seemed near; and, when assured that she was not in the slightest danger, she replied: "You have now cured my spiritual wants, and you can cure my physical pains and aches, if you will." The way seemed clear now, and I directed the chloral to be gradually withdrawn, and ordered the bitter and acid tonic, which had formerly been used with such good results. The digestion improved, but complained more of the incontinence of urine.

July 24 gave bitter tonic and syrup, combined with fl. ext. taraxacum and fl. ext. belladonna, and, the uterus being still prolapsed, introduced a gutta percha globe pessary, and strongly urged out door exercise and company. Neither the medicine nor the instrument satisfied the mind, and "*die she would,*" unless I did something more, and, to satisfy her mind, I prepared, on July 29:

R. Tinct. gentian, cit.,	f. ʒij.
Acid. sulph. aromat.,	f. ʒj.
Syr. zingiber,	f. ʒv.
Aque,	f. ʒiij. M.

Sig.—Teaspoonful after each meal.

Also directed her to use a seidlitz powder occasionally, and continued to urge out door exercise and more company.

But the mind refused to let the body act or to be diverted by any argument. The loss of sleep from mental anxiety, the confinement and constant sitting, kept the nutrient system much deranged and caused considerable pain in the back and hips; ordered counter irritation and stimulating hip-baths, and continued same medicine up to August 12th. When I visited the patient, found the digestion im-



proved, mind same, and the back more tender and painful; also complained of the urinary trouble; gave amm<sup>o</sup>. bromide gr. xv. in syr. and water, at bed time, and

R. Tinct. iodine, f. ʒiv.  
Oleum tiglii, f. ʒij. M.

Sig.—Shake well and apply to back until sore.

August 17th called and found her worse mentally, but digestive organs improved; had slept better, and urine but litt<sup>e</sup> troubled, but complained of great pain and tenderness in lower portion of the back, particularly in the coccyx, which could be attributed to a want of exercise and constant sitting. Gave

R. Ferri et. quiniæ cit., ʒi.  
Aque bul., f. ʒij.  
Alcohol dil.,  
Syr. simplici, aa f. ʒss. M.

Sig.—Teaspoonful three times a day, one hour after meals, and hydrate chlor. instead of ammonia bromide,

and advised consultation; but received "you have cured others and you can cure me if you will."

Finding it impossible to induce her to go visiting, receive company and be cheerful at home, and as the appetite began to fail and the sleep was much disturbed, I concluded to try the virtue of a seton, and accordingly, on the 26th, I introduced a small one, a short distance above the point of tenderness, and gave

R. Tinct. cardiomom, c.,  
Aque distil., aa f. ʒss.  
Elix. valerian. ammo., f. ʒij.  
Syr. zingiber, f. ʒj. M.

Sig.—Teaspoonful three times a day after meals.

The seton failed to produce the desired amount of counter irritation, and was removed September 9th, with no apparent improvement.

Since all my efforts to divert the mind had proved futile, and there was no disease except general debility—results of continued suffering, mental anxiety and want of proper exercise latterly—and considerable prolapsus uteri, with complete monomania in regard to my willingness to assist in her recovery, I first resolved to do nothing more; but an intimation of this only went further to confirm the monomania, and I concluded to give:

R. Tinct. columbo,  
Tinct. gentian comp., aa f. ʒij.  
Syr. zingiber, f. ʒss.  
Aque distil., f. ʒij. M.

Sig.—Teaspoonful before each meal.

September 13th, by advice, Dr. FERGUSON, of Latrobe, Pa., recommended the *wet pack*, but no advantage has been gained from it.

## CASES IN TOXICOLOGY.

By F. K. BAILEY, M. D.,

Of Knoxville, Tenn.

### I.—NITRATE OF POTASH.

Many years ago I was called, upon a Sunday morning in July, to visit G. B., æt. about 24; native of North Ireland; strong and healthy, weighing 150 lbs. or more; full, sanguine temperament; red hair, etc. He was a laborer, employed by a respectable farmer one and a half mile from my residence. On my arrival, I found the young man in great distress, and learned the following facts: Not feeling very well when he arose in the morning, and as it was a day of rest, thinking best to improve his time in medication, he asked the lady of the house for a dose of salts. She inquired how much he usually took, and he said "about half a teacupful." Going to the family medicine chest, she took from a paper what she supposed was epsom salts, and dissolved it in a bowl of warm water. This dose he drank down at once, but immediately began to feel terribly sick. Soon after, vomiting occurred, which was followed up until my arrival. On examination of the package from which the salts were taken, it was found that he had taken but little less than four ounces of salt-petre.

When I first saw him, he was suffering intense burning pain in the stomach and abdominal region. The pulse was small and wiry, feet and hands ice cold, but the head exceedingly hot. Nausea, but without vomiting, continued. The stomach appeared to be empty, or nearly so, and the salt, which had not been rejected, probably had passed to the duodenum. I at once gave demulcent drinks, and applied sinapiams to the extremities and the pit of the stomach. Reaction came up in a few hours, when it seemed as if the sufferer was in a furnace. The pulse became full and bounding, the eyes congested, the face red and burning hot, and a raving delirium set in before dark.

At this juncture I opened a vein at the bend of the arm, and allowed the blood to flow from a large orifice, till the pulse yielded. In

a few hours collapse succeeded, and the pulse was scarcely perceptible.

For some time it was thought he must die, but, by giving diffusible stimulants, reaction came up gradually, and a second exacerbation of excitement occurred, nearly equal to the first. A second bleeding was not resorted to, but opiates were freely given, together with castor oil. On Tuesday the bowels began to move freely, and at night collapse recurred to a more fearful degree than before.

He became insensible to surrounding objects, and for some hours nearly pulseless.

Stimulants were given carefully, and the case closely watched. All hopes of his recovery were abandoned till sometime on Wednesday, when reaction returned. From this, convalescence commenced, but it was two or three months before there was a complete restoration to health.

The above is the only case of the kind that has occurred under my notice. TAYLOR, in his work on "Poisons," gives ten cases. The first took  $\frac{3j}{\text{ss}}$ , and died in three hours. There was nausea, vomiting and purging; burning and severe pain at the pit of the stomach; pulse weak and limbs cold. *Post-mortem*: stomach highly inflamed, and membrane detached. The second died in 60 hours,  $\frac{3j}{\text{ss}}$  taken; small perforation found in the stomach.

Third— $\frac{3j}{\text{ss}}$  taken in mistake for salts. Severe pain in the abdomen, with violent vomiting, but no purging. Died in two hours. Bloody mucus in the stomach.

Fourth—Two men took each  $\frac{3j}{\text{ss}}$  of nitre by mistake for sulphate soda. Almost immediately experienced sense of coldness in the spine, trembling of the limbs with vomiting and purging.

Fifth—Caused death in 36 hours.

Sixth—A man of sixty took  $\frac{3x}{\text{ss}}$ , purging and death in five hours.

Seventh—Female of 28, took in two doses, in two days, about  $\frac{3j}{\text{ss}}$ ; severe burning in the stomach, violent vomiting after second one. Recovered.

Eighth—GILLARD met with a case where a man recovered after taking  $\frac{3j}{\text{ss}}$ , mistaken for sal. magnesia. In five minutes had burning pain in the stomach, with nausea. Took mustard and recovered.

Ninth—A man of 30 took twelve doses all at once; amount not stated. Soon collapsed as in cholera. Ultimately recovered, but suf-

fered from derangement of digestion and urinary organs.

Tenth—A woman took  $\frac{3j}{\text{ss}}$  in two cups of water. Immediately vomited, which condition became constant; abdomen swelled; unable to move for a week, and then suffered from purging and griping, and bloody stools. Recovered, but was weak for a long time.

Of the ten cases above cited, six died. In those that recovered, the salt appears to have been thrown from the stomach very soon the smaller doses were more fatal. As in some other more deadly poisons, a large dose is more apt to be rejected, and consequently, life saved. In my own case, it is probable that most of the whole was at once rejected. The violent symptoms were caused by effects produced upon the nervous centers, rather than those of a local character. The alternate elevation of vitality and sinking proved that view to be correct, as inflammation did not set in to any great extent; were that the case, the case would have been more protracted.

Prof. WM. TULLY says that nit. potash is the purest and perhaps the most powerful antiphlogistic in the *materia medica*. "It produces a determination from the skin to the internal viscera." This will account for the coldness of the extremities and the surface, and the burning heat and pain, after an inordinate dose of the substance in question.

## II.—OIL OF CEDAR.

In the winter of 1839 and 1840 the following case came under my notice and care. Miss C., a strong, healthy girl, bilious nervous temperament,  $\text{set. } 15$  years. About to retire for the night she went to the pantry, and, taking down a vial containing the oil of cedar, said in the hearing of her mother, "They say we must take a drop for every year, and I will add one extra," making sixteen drops in all. On swallowing the dose she stepped out and fell prostrate upon the kitchen floor, as if dead. I was immediately sent for, a quarter of a mile distant, and on my arrival she was still lying upon the floor in a state of clonic spasms; not a muscle moved.

She was at once placed in bed and I immediately proceeded to administer a quantity of castor oil. The jaws being firmly closed it was necessary to force them open by means of a strong tablespoon placed between the teeth, and the oil was poured into it so that

it might run down the throat slowly. In a few minutes vomiting occurred, when the offensive substance was rejected, filling the room with its odor. Upon this the clonic spasm yielded, and epileptiform convulsions followed, which continued at short intervals for some hours. For nearly a month the young lady continued in a condition like that of irritative fever, and for six months she suffered from a bronchial cough.

The stomach was in a week, irritable state for a long time, and perfect health was not restored for more than a year. The object in taking the oil, I did not ascertain, but it might have been from some fancied notion that it was good for menstrual irregularities. The essential oils are seldom used in such quantities as to cause poisonous effects, unless by accident, or in attempts to produce abortion. There was no reason to suspect the latter motive in this case, and it was taken in ignorance of its effect in such a quantity. The variety was the white cedar—*cupressus thyoides*.

This girl married at twenty, and died in her first confinement from placenta prævia.

More frequent mention appears to be made of the oil of red cedar—*juniperus virginiana*—both as medicine, as well as poison, by the writers. Both are acrid poisons, or act locally upon the stomach, and through the nervous system, upon the brain.

### III.—SULPHATE MORPHINE.

About the year 1850, while riding in the country, I was called in at a house I was passing, and found a man æt. 60 or more, who had a few minutes previously swallowed about half the contents of a dram bottle of morphine. He was sitting in a chair, with his elbows resting upon his knees, and his face in his hands.

He was vomiting freely, and the whole surface was wet with profuse clammy sweat. He had taken nothing but some vinegar, which his daughter gave him immediately after swallowing the drug. Considering that danger of death had passed, I gave him nothing but stimulants, and in a few days he was about the house.

The man had been an opium eater for many years, and consequently tolerant of a large quantity. Becoming tired of such a wretched life, he decided to cut it short as above related.

In regard to the antidotal effects of belladonna in opium poisoning, I have had no personal experience, but from the reports occasionally made by others, we must conclude that the question is settled. Dr. M. M. ALEXANDER, of this city, read a short paper some months since at a meeting of the East Tennessee Medical Society, in which he related a case where an infant child had taken sufficient laudanum to produce deep narcotism. When called, sufficient time had elapsed for the poison to pass out of the stomach, and accordingly belladonna was given in doses so as to cause its constitutional effects, and recovery followed.

### CAUTION IN THE USE OF CHLORAL HYDRATE.

By I. A. WATSON, M. D.

Of Groveton, N. H.

Since the introduction of chloral hydrate into the practice of medicine it has rapidly grown in favor with the majority of the medical profession, until it has come into almost universal use, unexampled. In the short time that it has been known, in the history of medicine, not wholly from its meeting the expectations of the practitioner in every case, but because it generally gives good satisfaction, and because of the readiness of the profession to grasp at any new drug that bore promise of so much worth as did this one, from a report of the best side of the question. Probably not impartially has it been considered and reported upon, and not with unbiased pen has its real value been discussed in the medical literature of the day, for even an enlightened profession cling to that seemingly inherent element in man, of putting the best side out; hence it is that its real value is over estimated, and this fact is beginning to dawn upon the profession in relation to hydrate of chloral.

The bright side is lauded, while but little is said of the other, and the disappointments, and failings, and mishaps in the use of the drug, have remained, in a great degree, behind the curtain of silence.

It has not fully met the expectations of medical men, and it is now settling into its proper place among therapeutical agents. As a hypnotic and anodyne it stands second only to opium. From the fact that it may be given in cases where idiosyncrasy will not admit of an opiate; that the patient does not acquire

a habit for it: that it does not constipate or disturb the secretions, and that sleep produced by it resembles natural sleep, makes it a valuable addition to the *materia medica*. On the other hand, its uncertainty of action, through which results change, is alone sufficient to keep the practitioner on his guard. Perhaps I cannot better illustrate than in the following case:

A few days since, December 31, Miss S. H. R. called at my office to have a tooth extracted, and, wishing to take an anæsthetic, I gave her a small quantity of sulph. ether, and easily removed the tooth. The next morning, January 1, I was called to see her, and found her suffering from facial neuralgia. I prescribed the usual remedies in such a case. I also gave her ten grains hydrate of chloral, and in about thirty minutes gave her a second dose of the same size. This gave her ease, and I left ten grains more (prepared), to be given in the afternoon, if the pain was severe, and, if relief was not obtained from that, to be followed by a morphine powder, promising to call in the evening. In evening found her suffering terribly, though she had taken the chloral and morphine powder, the neuralgia involving nearly all the nerves of the face, and occasionally extending to the pleura. Gave, in conjunction with external applications, sinapisms, counterirritants, etc., twenty grains chloral hydrat. (in ten gr. doses) followed by a morphine powder.

This again gave her rest. Next morning, January 2d, found pain still severe. Again gave two ten-grain doses of chloral, which gave her ease for a short time. Left ten grains (prepared) to be given in the afternoon, and if that did not give relief in half an hour, to be followed by a morphine powder. During the afternoon I had occasion to visit a patient a few miles out of the village, and returning about three o'clock, was immediately called to the house of this patient, and upon arriving there found a neighboring practitioner (who chanced to be in town that P. M.) at work over her with several assistants, giving stimulants, applying cloths wrung in hot water to the extremities, using friction, etc., etc., with patient unconscious. I learned that about two o'clock she had taken the chloral that I left (10 grs.), and that in a short time she began to "grow numb in the hands and feet," which rapidly extended until she became unconscious. In this state the respi-

ration became very feeble and seemingly suspended at times, the extremities cold, and the pulse reduced and feeble. Strong ammonia held to the nose made no impression upon her, but with the severest efforts we could occasionally make her open her eyes and take one or two long breaths. She remained in this condition over two hours, and I believe it was only our constant exertions that saved her life. For several hours after we got her out of this condition, she manifested a strong inclination to sleep. Hysteria developed itself during the night, though she is not subject to it, and lasted two or three days, during which she went into hysterical coma several times. Though her nervous system was considerably prostrated, she made a rapid convalescence, and since the last dose of chloral has had no neuralgia.

Now, the question arises, what was the cause of this small dose producing an almost fatal anæsthesia, while several times before she had taken double that amount without even obtaining sleep? It is evident that some change had taken place in the system in the space of a very few hours, that produced an increased susceptibility to the action of this drug. I have observed in other patients that fifteen grains would produce an effect that at other times would require nearly double that amount, and *vice versa*. The only theory upon which I can account for the uncertainty of the effects from a specific dose, is due to the different degrees of alkalinity of the secretions of the stomach, blood, etc. The action of the chloral hydrate is from the evolution of chloroform in the blood, and as this is due to its (the blood's) alkaline reaction, it takes place with a rapidity in exact proportion to the degree of alkalinity that the blood possesses at the time the drug enters the circulation.

Hence, with an acid stomach, and the alkaline reaction of the blood very feeble, a drachm or even more might be given without any bad effects, while in the same person, under different circumstances, with blood strongly alkaline, a much smaller dose might prove fatal. The inhalation of chloroform is comparatively free from danger, only one fatal case occurring in several thousand, but that is sufficient to keep the profession on their guard in its administration. Probably hydrate of chloral is also comparatively free from danger, but the fact that its effects are sometimes bad, that it



has in a few cases proved fatal, and that its action depends upon certain conditions as above stated, is sufficient to put every careful practitioner upon his guard. I believe it should *always* be given in small doses (from five to ten grs.) which may be repeated in twenty or thirty minutes if necessary. I have observed in some cases where its action is slow, that it may be expedited by giving alkaline drinks, which fact goes to prove that its action is as above stated.

When the profession will view this agent in its proper light, and not be influenced through anticipations and expectations to consider the best side only, and that, too, in a *hyperæsthetic* sense, its true merit will be apparent, and the indications requiring it will be known as positively as that of any drug in the catalogue of medicinal agents; and to discriminate in those cases in which it is pre-

ferable to opium, will not be as difficult as it now is. In fevers (so called), and in conditions involving excessive molecular motion, it is far superior to opium; but in cases where molecular metamorphosis, or motion, falls below a physiological standard, it should never be given. If we base the indications to be fulfilled in the treatment of diseases (so called) upon the conditions of molecular motion, then we bring the matter to an almost exact point, and find no difficulty in deciding when it is indicated, or admissible.

In conclusion, I would particularly call attention to the fact that the administration of chloral hydrate is not unattended with danger, especially, from unskilled hands; and even those who regard it the *sine qua non* in therapeutics, and prescribe it for every ache and ill, will loose nothing by observing the utmost care possible in its administration.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### The Proper Method of Hypodermic Medication.

DR. REUBEN A. VANCE, of New York city, gives the following directions in *The Medical World*, October, 1871.

There are four circumstances which are of the utmost importance for the safe and successful employment of hypodermic medication. They are as follows:

1. The quantity of fluid injected.
2. The degree of acidity of the solution.
3. The kind of needle employed.
4. The size of the syringe, and the method of manipulation.

Prominent among the circumstances which concur to bring about unfavorable results must be mentioned a *solution that is too dilute*. The injurious effects which result from this cause are chiefly due to the mechanical distention of a large quantity of liquid. This, by rupturing the smaller blood-vessels, permits subcutaneous extravasations of blood, and, by separating a large surface of cellular tissue, and exposing it to the action of a foreign fluid, furnishes conditions admirably adapted to induce inflammatory action.

Another circumstance—one more potent for evil than the former—is a *solution too strongly acid*. In the article before cited, I recommended a solution of strychnia, made with diluted phosphoric acid as being much better

than one made with sulphuric acid. It is certainly true a smaller quantity of the former is as effectual as a larger amount of the latter, yet I have latterly discarded all solutions in which a mineral acid is used as a solvent, and now employ one made with acetic acid. This, being an organic acid, does not seem so irritating to the tissues in which it is thrown, while its solvent power is certainly as great as that of either of the others. A solution can be made with acetic acid which will be as strong and last as well as either of the others, and which will yet be much less strongly acid in its reaction. From this it will be seen that, other things being equal, acetic acid is the best solvent that can be employed.

The *kind of needle used* is also of great importance. Judging from analogy, we should be inclined to think that the nature of the materials entering into the composition of the needle would be of interest when the subject of the causation of abscesses is under consideration. The liability of all steel instruments to become tainted and poisoned from long usage, is a fact well known to surgeons and instrument-makers, and it is a matter of some surprise that attention should not have been sooner drawn to this same liability on the part of the needles to be found in the hypodermic syringes in ordinary use. That, in certain instances, needles used by the writer have become poisoned he is thoroughly convinced, and that certain abscesses which he

has seen result from the employment of these same needles were due to their poisoned state he is equally certain. No amount of attention on the part of the physician will enable him to keep a steel needle bright, clean, and in good condition when the solution he uses has an acid reaction. The inside will be corroded in all cases, and sooner or later the outside will get into the same state. For constant employment (especially where strychnia is administered) a steel needle, unless changed once a week, is decidedly unsafe.

The material possessing the greatest advantages of which it is possible to make a needle is gold. This metal, as is well known, is admirably adapted to withstand the influence of both strong and weak acids, and never corrodes. It is, therefore, entirely free from the danger of becoming poisoned, and thereby producing abscesses.

Of fully as much importance as any of the points mentioned is the *size of the syringe* and the *method of manipulation* in performing the operation of injecting the solution. The syringe should be so small that, when charged with the liquid to be injected, and armed with the needle, the end of the piston can rest against the hypothenar eminence of the right hand, while the extremity of the needle should project about half an inch from between the ends of the first and second fingers, in which position it can be retained by a moderate pressure with the thumb.

The syringe, properly prepared, being held in this position, the operator, with the thumb and forefinger of his left hand, pinches up a fold of skin over the pronator muscles of the forearm of either side of the patient, places the point of the needle against the loose end of the skin so elevated at a distance of half an inch or so from the fingers holding it, and then, with a quick shove, forces the needle through the integument, and by partially closing his hand drives the piston home, evacuates the contents of the syringe into the subcutaneous cellular tissue, and at once withdraws the needle. By this method of manipulating the syringe, the operation can be performed in less than five seconds, and is almost absolutely painless.

#### On Sesquichloride of Iron as a Prophylactic of Acute Rheumatism.

Dr. ANSTIE writes to the *Practitioner*: A considerable space of time has now elapsed since the announcement, by Dr. RUSSELL REYNOLDS, of his observations on the successful treatment of acute rheumatism by large and frequent doses of the tincture of sesquichloride of iron. I do not know to what extent this plan of treatment has become generalized; but there have been a good many reports in the medical journals of its employment in different hospitals; and the balance of evidence derivable from these seems distinctly favorable to the method. My own ex-

perience of it in fully declared acute rheumatism has not been large. I have treated six cases altogether with the sesquichloride, and in four of these I think the results distinctly bore out the main assertions of Dr. Reynolds as to the prompt relief of the pains, the limitation of the extent of mischief, and the shortening of the illness; in the other two, the medicine seemed to have no special effect. But it is not of the use of the sesquichloride in fully developed acute rheumatism that I now wish to speak. My opportunities of seeing disease on a large scale being chiefly those afforded by the out-patient room, it is rather the first advancements and threatenings of acute rheumatism, than the declared disease, that I am in the habit of seeing. A considerable number of persons present themselves in my out-patient room, in the course of twelve months, suffering from the preliminaries of acute rheumatism; it is one of the small group of really serious diseases (amongst a much larger variety of trivial complaints) which occupy one's attention in out-patient practice, and was formerly a matter of great dissatisfaction to me, from the apparently almost total failure of remedies to produce any effect. Whereas threatenings of gout could be very commonly dealt with in such a manner as to prevent the attack, or render it trivial, the onset of acute rheumatism seemed never to be averted by drugs when once the prodromata had reached the stage which pretty frequently presented itself before me, viz.: A more or less obscure aching of several joints, a yellow sallowness of face, with patches or streaks of dusky redness, blanket-like furring of tongue, an oily moisture of skin, a distinct though slight elevation both of pulse and temperature, and a certain anxiety of respiration. So far as the history of such patients could be traced, they were almost invariably found to have developed the full symptoms of the acute disease, and very often (after once seeing them in the out-patient room) one encountered them, a few days later, in a ward of the hospital.

Very different have been the results of treatment since I adopted the use of sesquichloride of iron from the first moment of such cases presenting themselves. During the past twelve months I have done this fully. Whenever a patient has presented himself with articular pain and slight fever that were plainly of the rheumatic and not of the gouty type, he has been at once placed on thirty or forty minims doses of the tincture of sesquichloride, from three to six of which, according to the severity of the symptoms, have been given in each twenty-four hours. I have several times called the attention of the students to the fact that (unlike what used to happen) these cases now re-appear in my out-patient room on my next hospital day; and in the great majority of instances declare themselves greatly relieved. Since July, 1870, I have treated nineteen such patients, of whom thirteen had

previously had one or more regular attacks of rheumatic fever, for the symptoms now referred to, with the full doses of iron; and of these, seventeen have lost all pyrexia and spontaneous joint-pain within the three or four days elapsing before my next day at the hospital. Only three have, under my own eyes, developed the full acute disease, and sent into the ward. Of the remaining nine, four disappeared altogether from my knowledge, and five were checked.

#### Ammonia in Poisoning.

Dr. A. S. TODD says, in the transactions of the Medical Society of West Virginia:

I have had, during my residence in Wheeling, many cases of poisoning by the *rhus* family, pretty generally succeeded by the following symptoms: Severe inflammation, much resembling that of erysipelas, attended with burning heat, violent itching and more or less vesication, and in cases where the poison had entered the circulation, it gave rise to vertigo, a peculiar whirling sensation of the head, nausea, impaired vision, vomiting, etc. Many remedies have been resorted to by the profession, with more or less success in this as well as other vegetable poisons. But I will here take the liberty of saying that of all the remedies I have ever used in vegetable and animal poisons, none will compare with the *ammoniacal compounds*, used externally and internally; externally in the form of a cataplasm, made with diluted *aqua ammonia* and flax seed or slippery elm powder kept constantly applied to the poisoned surface, and where the poison had entered the system and produced any constitutional disturbance, I have invariably used internally, the aromatic spirits of ammonia in drachm doses, at intervals of from three to four hours, each dose of the ammonia to be diluted in a wineglassful of water. I regard ammonia in its action as a more prompt and certain remedy in vegetable and animal poisons than any other remedy that can be found in the whole range of the materia medica. This opinion has not been gotten up in haste, but has been the result of actual observation and experience for more than forty years.

I have used the ammoniacal preparations perhaps more frequently in animal than vegetable poisons. I have in these cases tested the value of ammonia in the poison of snake bites, and once in the bite of a large, poisonous spider, and frequently in the bite of rats and the sting of venomous insects. A few years since I saw a child that was badly bitten upon the hand by a rat. Around the bitten part gangrene had set in, with pain and swelling in the adjacent parts. The ammonia was applied; the gangrene was speedily arrested, and the child restored to health. Two of the snake bites referred to above were of the copperhead family (*Trigonocephalus contortrix*); the other was a rattlesnake (*Cro-*

*talus dirissus*). These cases occurred at different periods in my practice. The first case of snake bite dates back to the summer of 1833. Were I a stranger to you, gentlemen, I might here pause, and fear that my veracity would be called in question, when I say to you that two of these venomous copperhead bites were inflicted upon the genital organs of an old bachelor, in the vicinity of Wheeling; the other snake bite was on the hand of a teamster, by a rattlesnake, while gathering some hay in the meadow for his horses. In two of these cases I saw the unfortunate sufferer within from four to six hours after the infliction of the wound.

In the first of these cases the bite was received upon the gland penis. The patient was much alarmed, the parts were becoming painful, and were considerably swollen; reddish streaks indicated the presence of inflammation in the lymphatic vessels of the parts.

The next case was also a copperhead bite, which occurred several years after the first. The bite in this case was inflicted upon the scrotum. In this, as in the former case, the virus had spread rapidly, and was being absorbed, and was as bad a looking case as the first; more swollen and painful. On the second day after the bite, where the teeth of the reptile had entered the scrotum, the parts looked badly, and had assumed a leaden color, the integuments were more or less indurated; consequently, the strength of the ammonia, externally, was increased, the aromatic ammonia was also given more frequently. The livid part was penciled frequently with the undiluted ammonia, which, in a few days, resulted in a small slough, some half an inch in diameter. This slough was soon succeeded by healthy granulations, and the wounded parts were speedily restored, and the patient able to resume his ordinary labor.

In all the above cases of poisoning the treatment was nearly alike. Ammonia formed the base work, and was, in fact, my strong sheet-anchor. The diluted aqua ammonia and powdered slippery elm bark, or flax seed meal, were made into a cataplasm, and kept constantly to the bitten surface, and to be renewed frequently, and, at the same time, every three hours, was given in a wineglassful of water or ale, one drachm of the aromatic spirits of ammonia, and when this sized dose gave any uneasiness to the stomach, it was lessened, but, as a general rule, in bad cases the dose should be as large as the stomach would comfortably tolerate.

This course of practice was continued, more or less vigorously, in all the foregoing cases of snake poisoning, until the virus was destroyed, and health restored. Having had, in so many cases, such conclusive evidence of the power of ammonia in neutralizing the poison of animals and venomous reptiles, I was induced to try its efficacy in that form of poison peculiar to typhoid fever, for it is now conceded by many of our best pathologists



that there exists, as the basis of fever, "a blood poison," resulting, it is said, from "organic germs," either of animal or vegetable origin. These germs, however small, when present in the blood, constitute a poison which very speedily pervades and vitiates the whole venous and arterial circulation, and this, in its turn, produces fever. The nervous system is also more or less involved in this mysterious development. This insidious poison, lurking in the veins of typhoid patients, is what I have been seeking to destroy for years, and to effect which, I resolved to test the alexipharmac properties of ammonia, not omitting the ordinary remedies used in the treatment of this fever. I consequently commenced by giving every three hours, one drachm of the aromatic spirits of ammonia, diluted in a wineglassful of water. This mixture is very agreeable to the stomach, grateful to the taste and smell, also a valuable stimulant, and, above all, in the judgment of the writer, a sure antidote to poison. In addition to this, I have been in the habit of directing the whole surface of the body every day, or, at furthest, every other day, to be well rubbed with a coarse towel moderately dampened with diluted ammonia water, made lukewarm. The effects of this volatile alkali in destroying or abating the force of this blood poison, has fully satisfied me of its value as a therapeutical agent in the treatment of typhoid fever, and can, therefore, with confidence, recommend to the consideration of the profession this "neutralizing agent."

Before leaving this subject, however, permit me to suggest that if it be true that ammonia will render innocuous the virus of poisonous reptiles, why will it not, in whole or in part, have the same effect upon the poison of rabid animals? Why not find a cure, in the use of ammonia, for hydrophobia?

#### Muriate of Ammonia in Hepatitis.

Dr. J. L. HILL, of Buena Vista, Oregon, reports a case of this disease in a female, set. forty-five, in the *Oregon Medical and Surgical Reporter*. After a saline and acid treatment, he says:

The pain was not so intense, rests better at night; strength improved and chilly sensations not so annoying; catamenial flow returned very full but without dysmenorrhea as formerly; had vomited matter the day previous that she said had the flavor of a rotten egg; could not retain the wine and iron on her stomach; said it was so sweet that it sickened her; the area of the liver somewhat diminished; was up and about the house from this time forward, but not following any regular course of treatment; continued to complain, however, of constant aching pain in the region of the enlarged gland, while that in the scapula was considerably modified; pain still greater as night approached, and the use of purgatives still necessary.

Everything that I had read upon the treatment of the case had given me no satisfaction, but seeing in a number of the Philadelphia MEDICAL AND SURGICAL REPORTER, of the date of April 23d, 1871, an article on the successful treatment of a case of suppurative hepatitis with muriate of ammonia, by Dr. L. G. ALEXANDER, of Calhoun, Kentucky, I determined to try it, though I convinced that I had as yet accomplished but little permanent good.

On the 28th of June, I commenced the treatment with the following prescription:

R. Ammoniae muriatis, ʒij.  
Tr. cimicifugae, ʒijss.  
Aqua, ʒij. M.

Sig.—Teaspoonful four times a day; all other treatment discontinued.

After taking the prescription one day the costiveness was relieved. During the week she went to Portland, and neglected to take the medicine with her. On her return, two or three days afterward, she resumed it with marked benefit; soreness gradually subsiding and general strength improving. In about a week after she was taken one morning with diarrhea, having six or seven evacuations within the space of half an hour, apparently consisting of pus and mucus. She said that previous to the commencement of the diarrhea she felt something break loose in the tumor, and that when the discharge ceased from the bowels, the soreness in the side and the swelling had also gone. She rapidly gained from this time, both in flesh and strength, and has suffered no pain since.

#### Small-Pox in New York.

On the 15th January, the New York Board of Health submitted an important report concerning the progress of the small-pox in that city during the first nine months of last year. The whole number of deaths is set down at 805, out of a population of 942,252—a percentage of .85 per 1000. The number of cases was 3,084. Of these 235 came from quarantine, and 532 from other places beyond the city limits. During the year upward of 100,000 persons were vaccinated by the city physicians. The Board, after detailing the various preventive measures resorted to, with reference to tumigation, says: "Carbolic acid and sulphurous acid seem to have the property of utterly destroying the germs of this particular poison, while chlorine, so much relied upon as a disinfectant heretofore, does not prove to have the same powers."

#### Comparative Embryology.

Dr. BURT G. WILDER, Professor of Comparative Anatomy at Cornell University, is giving especial attention to the above branch of science. He desires embryos and malformations from all the realms of animal nature. He remarks in his circular sent us:

"Such specimens are of the greatest value



to science. Goethe, who was naturalist as well as poet, well said: 'It is in her monstrosities that Nature reveals to us her secrets,' and many of the more obscure laws of life and organization have been elucidated by the aid of these unfortunate creatures, which go astray before they are born; and live only to die. The not infrequent occurrence of such malformations among the human race, should alone induce a careful study of whatever may lead to a knowledge of their nature and possible causes. There are few persons, especially living in the country or upon farms, who have not occasional opportunities of procuring such specimens as we desire; but none are so likely to have them as the hunters, the butchers and the stock-breeders; let me ask all such to save and send the specimens that almost daily come into their hands."

—A handsome tablet has just been placed in the Derry Cathedral to the memory of the late Thomas Henderson Babington, Esq., M. D.

## Reviews and Book Notices.

### NOTES ON BOOKS.

An interesting contribution to the much-neglected department of medical biography is to be found in a pamphlet of ninety-two pages, printed at Newark, New Jersey, entitled, "History of the Medical Men and of the District Medical Society of the County of Cumberland, New Jersey." It is written chiefly by Dr. ROBERT M. BATEMAN and ENOCH FITHIAN, and contains the records of many worthies, who, in former years, carried on the art of healing in that locality.

Numbers 1 and 2 of volume II. of the *Photographic Review of Medicine and Surgery* (October and December, 1871.) contain some admirable photographs of rare and striking lesions. It is an undertaking which deserves support, and exhibits praiseworthy accuracy and care on the part of the editors and contributors.

**THE SCHOOL FESTIVAL.**—This beautiful little quarterly magazine, devoted to new and sparkling matter for school exhibitions and public days, is received for January. No teacher or pupil will regret taking it. It costs fifty cents a year; single copy, fifteen cents. Alfred L. Sewell, Publisher, Chicago, Ill.

The "Medical Supply Table of the U. S. Marine Hospitals," Circular No. 6, reflects credit on the Supervising Surgeon (Dr. JOHN

M. WOODWORTH) for its completeness and the manner in which it is kept up to the advances of materia medica and the demands of intelligent practitioners.

Under decidedly discouraging auspices, but with a profound sense of the utility of the undertaking, a number of prominent ladies in Chicago have united to establish the "Woman's Hospital of the State of Illinois," in Chicago. The announcement, charter of incorporation and by-laws have been received. Drs. BYFORD, ANDREWS, DE LASKIE, MILLER, and other well known gentlemen, are on the consulting board.

One of the objects of this institution is to thoroughly qualify a class of female nurses. There is a wide-spread appreciation in the community of the great want of a body of intelligent, conscientious women, who have been properly educated, for this responsible office—an office scarcely second in importance to that of the physician. We wish it every success.

The report of the New Jersey State Lunatic Asylum for 1871, under the charge of Dr. BUTTHOLPH, presents a satisfactory exhibit. The number of patients under care at the close of the last year was six hundred and forty-eight—three hundred and seven men, and three hundred and forty-one women. The number received since, viz., from December 1, 1870, to October 31, 1871, inclusive, being the period of eleven months, was two hundred and ninety-five—one hundred and fifty-one men, and one hundred and forty-four women. The whole number of cases under treatment during the same period was nine hundred and forty-three—four hundred and fifty-eight men, and four hundred and eighty-five women. Of this number there were discharged, as recovered, one hundred and seven; as improved, sixty-three; as unimproved, nine; and sixty-four died.

The Proceedings of the Second Annual Session of the State Medical Association of Arkansas, held at Little Rock, November, 1871, contains an able address by the President, Dr. P. O. HOOPER, a sanitary survey of the city of Little Rock, by Dr. B. G. JENNINGS, two cases of knee-joint amputation, by Dr. W. H. HAWKINS, a case of malarial hæmaturia, by Dr. E. R. DUVAL, some remarks on climatology, by Dr. LAWRENCE, and the minutes of the proceedings.

## BOOK NOTICES.

**The Management of Infancy, Physiological and Moral,** intended chiefly for the use of parents. By ANDREW COMBE, M. D. Revised and edited by SIR JAMES CLARK, Bart., K. C. B., M. D., F. R. S., Physician in ordinary to the Queen. First American from the tenth London edition. New York: D. APPLETON & Co., 1871. 1 vol. cloth, 8vo., pp. 302.

DR. COMBE's work was first published about twenty-five years ago and soon attained a deserved popularity. At that period it was unquestionably the best book on the subject, and long remained so. The present edition, which has been very carefully and thoroughly revised by the distinguished editor, is on nearly all points brought up to the latest positions of medical science. There are, indeed, here and there, certain antiquated opinions advanced and even defended—such as the injurious character, *per se*, of consanguine marriages and the use of phrenology in education—which detract from the general value of the book as a guide; but they are rare.

The strong expressions of the author, the editor, and a large number (sixty-five) of the most eminent medical men of London (see preface and appendix, p. 275,) on the urgent need of popular instruction on the physiology, structure, and functions of the human body, we commend to those stiff-backed gentlemen of the old school who are so very fearful of the effect of popular medical instruction on the mind and morals of the general public.

The subject of infant mortality is discussed with earnestness, as well it may be; but singularly enough, while speaking of the means of preventing diseases, nothing is said of the all-important subject of vaccination.

The sections on the artificial foods for infants are less complete than the importance of the subject demands. Cow's milk, which is recommended as the best substitute for the mother's milk, is now generally conceded to be objectionable in early infancy on account of the casein it contains.

In spite of these and various other signs of age about the book, it is one we heartily commend to the general reader and the young professional man.

**Transactions of the Medical Society of the State of West Virginia.** Wheeling, 1871. Pp. 229-312.

Besides a brief report of proceedings, this volume contains a number of articles which we will briefly mention. DR. B. W. ALLEN contributes one on the Use and Importance of the Microscope to the Medical Profession. It is historical in character, and offers little or no original research. DR. RICHARD BLUM, in a paper on Sanitary Science, argues strongly in favor of more popular instruction in this branch. DR. WALTER COLES reviews the various anesthetics of the day. DR. W. H. SHARP gives a *resumé* of the late observations in clinical thermometry. The most valuable paper in the volume appears to us, to be DR. A. S. TODD's Report on the Medical Botany of West Virginia, about twenty pages in length. It is followed by remarks on the Topography, Climatology, and Epidemic Diseases of Upsher County, by DR. ELIAS S. BRENSON. Five interesting cases of trichinosis are recorded by DR. HENRY J. WIESEL, of Wheeling. They all recovered, without any special medication, in the course of three or four months. DR. REZIN P. DAVIS figures two instruments he has devised: one for treatment of fracture of the inferior maxillary, the other an improved tonsillotome.

**Transactions of the American Ophthalmological Society—Eighth Annual Meeting, July, 1871.** New York, D. Appleton & Co., pp. 145.

To this volume, as to former ones, DR. B. JOY JEFFRIES, of Boston, contributes a most excellent report on the progress of ophthalmology, and a recent bibliography of the science. This occupies nearly fifty pages. The remainder of the volume is taken up by a number of essays, generally highly creditable to the standing of American ophthalmology.

DR. EDWARD CURTIS describes an apparatus for cutting microscopic sections of eyes. Two cases of that rare disease, general syphilitic inflammation of the eyes, are reported by DR. F. DELAFIELD. DR. EDWARD G. LORING discusses the halo around the macula lutea. DR. HENRY D. NOYES suggests a scheme to aid in examining and recording cases of functional trouble of the eye. DR. O. F. WADSWORTH has a short paper on the tables given by Loring and Knapp, to show the displacement of the retina in ametropia. And other valuable articles are contributed by DRs. GUSTAVUS HAY, of Boston, RUSSELL MURDOCH, of Baltimore, GEORGE STRAWBRIDGE, of Philadelphia, J. GREEN, of St. Louis, and other ophthalmologists.

Jan. 27, 1872.]

Editorial.

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## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 27, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE PRACTICE OF THE FUTURE.

Not long since we read a leading article in a scientific periodical, in which the editor, stepping aside from the paths of applied sciences—in which no one is more at home—had some words to say about the changes which, he conceived, are going on in the art of therapeutics.

His words were these:

"Physicians are beginning to know, how little they know, which is a long stride toward rational practice.

"A skilled practitioner, formerly a lecturer in a medical institution, said to us in a recent conversation: 'The medical practice of the future is to be essentially hygienic.' This statement is most significant. Physicians are gradually relinquishing their faith in drugs, and placing their trust more and more in the recuperative power of their patients. Less calomel, rhubarb and jalap, and more pure, sweet air, more good food and drink, more cleanliness and good companionship to prevent mental depression and discouragement, with rest, are the medicines now fast becoming popular; and they are so good to take that they are gratefully received rather than rejected by the sick."

With all deference to the man of science and to his medical adviser, "formerly a lecturer in a medical institution," we find our-

selves as far as possible from agreeing with them as to what is going to constitute "the practice of the future." We fail to see any, even the slightest, indication of a disposition in the great body of intelligent practitioners to renounce the use of drugs, or to relinquish their faith in their effects.

If the editor in question, or even the gentleman who volunteered the prophecy we have quoted, will step around to any of the leading drug houses in the city where they reside, and ask some information on the topic from those best qualified to give it—the houses of long standing in the wholesale drug trade—they will very certainly find that no time in history have drugs sold to the same extent as at present; that never have medical men prescribed them more freely, and with such confidence, as now, and that they are led to do this by positive results which they can at any time exhibit.

It is true that calomel and jalap are not now so largely sold as in previous years; but this is not because less medicines are given, but because they have been replaced by other drugs of more agreeable, more potent, or more manageable properties.

Conspicuously within the last few years has therapeutics come forward as a branch of medical science. Various journals and many volumes devoted especially to it have appeared; and on all sides the endeavors of physicians are directed to placing it upon a firm basis.

The practice of the future will not neglect hygiene; on the contrary, it has and must have a prominent part in all treatment. But to suppose that the role of the physician is going to become merely that of a head nurse, or a sympathizing and intelligent looker-on, is an error which facts all around us disprove.

## The Wharton Trial

for poisoning, now in progress in Baltimore, Md., is exciting much discussion and interest, both in and out of the profession. We expect soon to have a valuable paper upon the facts and testimony elicited during the investigation.

## Notes and Comments.

## Vaccine Virus.

During the past three months we have supplied several hundred physicians with vaccine virus with the understanding that of the product some was to be returned. A few only have responded, while we are having calls much faster than we can fill them—an average of thirty to fifty calls being on hand all the time beyond our ability to supply. Several have authorized us to purchase for them—but we cannot purchase. This vaccine exchange is intended solely as an accommodation to the profession. It takes much time and labor to attend to the calls; but we do it cheerfully, and only ask that the profession keep us supplied with fresh virus from *primary* vaccinations in healthy young white subjects—*none other*—so that those who apply to us will not be disappointed.

## Alcohol in Medicine.

Two hundred and sixty-five prominent English physicians and surgeons have signed a memorandum certifying that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess or for the continuance of its use when the occasion has passed. The signers express the firm conviction that the large amount of drinking of alcoholic liquors in Great Britain, is one of the most hurtful evils of the day, destroying, more than anything else, the health, happiness and welfare of the working classes. These physicians say that they will gladly support any wise legislation which would tend to restrict within proper limits the use of alcoholic beverages, and to introduce habits of temperance. Among the signers are to be found the names of distinguished physicians and surgeons in extensive practice, army surgeons of high rank, inspectors general of hospitals, professors in medical colleges, and members of the medical staffs attached to hospitals in London and in the provinces.

## Testimony About Smoking.

A letter to the *Scientific American* contains the following confession:

"I am a young man who has smoked for

several years, and I wish to make known its effects upon me. It has injured my eyesight, and also my memory; and at one time, my nervous system was nearly prostrated. I left off the habit (by the advice of a physician), for several months, and I rapidly gained until I felt quite well. My eyes did not trouble me as before, and my weight was much more than ever before; but my appetite was so strong for it, that, no sooner than I found myself well, I again took up the habit, and I gradually fell away in flesh; my eyes began to trouble me again, and my nerves began to shake. I again left it off, and, as before, I gained rapidly."

## The Pharmacy Commissioners.

The Commissioners of Pharmacy, of New York city, have made a report of their proceedings during the last six months of 1871. They state that, although nearly one thousand and applicants have been examined, only six hundred and sixty-six have received licenses as druggists, and of these not one in twenty succeeded on the first trial in passing the examination in all the branches. The most decided failures were in chemistry, toxicology, practical pharmacy, and in reading the prescriptions and directions of physicians which had been written in Latin, to test the proficiency of the candidates. Out of seven hundred and twenty-eight applicants for licenses only three could read at sight the easier Latin classics. The examiners, however, appear to have been too strict in requiring a knowledge of the classics, for nearly all the candidates were familiar with the Latin names of the medicines and with the weights and measures, but could not translate the Latin directions which were purposely written to entrap the young druggists. Thus a prescription in Latin, calling for compound tincture of gentian and for an infusion of the same was handed to the candidate to translate. To express the idea of "the same," the word "*ejusdem*" was used and the Commissioners, with apparent satisfaction at the success of the trap, report the results of this test. One clerk, it is stated, replied that in no store where he had been employed had he ever seen or heard of "infusion of *ejusdem*." This famous prescription was presented at eighteen drug stores in the most populous part of Broadway, and the same answer as the above was returned.



## Correspondence.

## DOMESTIC.

## A Rare Surgical Accident.

## EDS. MED. AND SURG. REPORTER :

Oct. 14th, '71. 9 P. M., I was called to see Willie R., æt. 10 years, who had two hours previously "run a splinter in his eye." The boy stated that while running from another boy—it being dark—he ran against the end of a horizontal pole, which was used for a "clothes line." The pole had a long, sharp splinter, projecting from its end, which entered the boy's right orbit, immediately under the eyeball, passing through the lower eyelid and broke off, remaining in. The boy stated that the blow knocked him senseless to the ground, but he soon got up and walked into the house.

Two hours after the accident I found the boy lying in bed. When I entered the room, he arose and came to the fire; talked rationally; did not complain of any pain; pulse tolerably good; no hemorrhage from wound. I found an ugly splinter one-half inch wide projecting one-quarter inch through lower eyelid; it felt firm and tight. The eyeball was not ruptured, nor could he see any with that eye. I did not know how far the splinter had entered, nor its exact course, but judging from its firmness, I supposed it had followed the walls of the orbit and forced its way through the foramen into the base of the brain.

After a few explanatory remarks to the boy's friends, and stating the probable result of the wound, I proceeded to remove the "exciting cause." It being several miles to town I did not send for counsel. I placed the boy's head in the hands of an assistant, and with a pair of small forceps made gentle traction upon the splinter. The splinter came out after considerable force had been applied to it. The boy was laid upon the floor immediately, and after two or three gasps was dead.

The splinter was four inches in length by one-half inch wide and had evidently penetrated the base of brain one and a-half or two inches.

What caused his *instant* death? Was it the shock? the pressure from internal hemorrhage? or the rushing in of air before the closure of the wound? or was it most likely the three combined? *Was the treatment right?* It is evident that the patient would have lived a few hours at least, had I not removed the splinter.

H. C. LA FORCE, M. D.

Heltonville, Ind.

## NEWS AND MISCELLANY.

## Philadelphia Orthopedic Hospital.

This important charity, which has been supported thus far entirely by voluntary contributions, is rapidly increasing in usefulness.

The fourth annual report shows that three hundred and nine new cases were treated in 1871, an increase of ninety-nine over the previous year. These came to the institution from all sections of the country and include two from California.

The surgical department is devoted exclusively to the treatment of bodily deformities, including club foot, wry neck, bow legs, knock knees, contractions of the joints, hip and spinal diseases, etc., and its value to the community already has been incalculable in rescuing hundreds from a whole life of suffering and helpless dependence.

Another year's experience in the department for nervous diseases, established in 1870, has been most satisfactory, and fully demonstrates the great need which existed for such a charity, where paralysis in all its forms, neuralgic affections, chorea, epilepsy, etc., many of them requiring long and patient care, might be skillfully treated. In all departments the advice and service of the first surgical and medical talent of the city is given gratuitously.

The hospital building on S. Ninth street, being entirely inadequate for the work, the managers, aided by private subscriptions and appropriation for the purpose from the state, have been enabled to purchase the desirable double dwelling and lot at the north-west corner of Seventeenth and Summer streets, and will remove to it as soon as the necessary alterations and repairs are completed.

## The Outrage on Medical Students at Havana.

Our readers will have learned the particulars of this outrage from the daily papers. We take pleasure in publishing the following resolutions, which express just sentiments about it:

At a regular meeting of the St. Joseph Medical Society, held on December the 2d, G. C. CATLETT, M. D., offered the following resolutions which were adopted unanimously:

WHEREAS, the Government of Spain, in Cuba, in the execution of the eight medical students, and the inhuman punishment of others, for the alleged misdemeanor of disturbing a grave, have exhibited a barbarous, uncivilized and unchristian spirit, and have outraged this enlightened age, and have incensed every Christian, civilized and enlightened nation; therefore, be it

Resolved, That we request all medical societies in the United States, to join with the St. Joseph Medical Society in protesting against such barbaric use of power. And we believe it, furthermore, to be the duty of all Christian

and civilized governments to censure this inhuman act of Spain officially; and be it further

*Resolved*, That these resolutions be tendered to the PHILADELPHIA MEDICAL AND SURGICAL REPORTER for publication.

#### Hydrofugine.

A substance called hydrofugine has recently been brought into use for the purpose of rendering fabrics water-proof, without interfering with the circulation of the air through them. The method of preparing the compound is as follows: In one of two pans, each of a capacity of about five gallons, place 20 pounds of sulphate of alumina cut in thin slices; into the other pour eight pounds of oleic acid, and about a gallon and a half of alcohol. Stir in order to properly mix them, and then pour gradually the contents of the second pan into the first, stirring all the time with a wooden pallet for about twenty minutes. When the mixture is complete, allow it to settle for about twenty-four hours. The alcohol and the oleic acid, which floats on the top, can be poured off, and the precipitate is placed in a felt filter, and submitted to a strong pressure in order to obtain a solid cake. This cake is removed and dried in a moderately hot stove, and afterwards reduced to powder. This powder is prepared for use for woollen fabrics by mixing and dissolving one pound in about 20 gallons of water. For silk, linen and other fabrics, one and a half pounds of the powder will be required for every 20 gallons of water. The solutions are to be passed through a sieve before dipping the fabrics, which should be completely saturated and afterward removed and dried, when, it is asserted, they will be found to be impervious to water, but not to air.

#### Painless Extraction of Teeth.

Dr. A. C. CASTLE (*Dental Cosmos*) observes that he has for thirty years adopted the plan of obtunding or benumbing the extremities of the temporal nerves, for painless extraction of teeth from their sockets, with complete success, never having used or countenanced the exhibition of chloroform, ether, or nitrous oxide gas for this minor surgical operation. The benumbing, or *mechanical anaesthesia*, of the temporal branches of nerves, obtunds the whole nerve to a sufficient extent to allow the teeth to be removed, with sensation so slight that, if not attending a special surgical operation, it would scarcely be noticed by the patient.

One of two modes may be adopted. By application of ice to the temples which is somewhat distressing, the sensation of cold striking deeply. The other, to which he gives the preference, is done by an assistant, with each of his middle fingers pressing with persistent firmness into the *fossa* or hollow behind the ridge of the temporal bone, which forms the external bone circle orbit of the

eye. Pressure for one minute is all that is necessary. The practice is as simple as it is harmless, and leaves no after unpleasant sensation to annoy the patient. It is an instinctive method often adopted by people themselves, who press their temples with their fingers to relieve themselves temporarily of the acute paroxysms of nervous headache. This temporary pressure, with sufficient force, is all that is required to remove teeth painlessly.

#### MARRIAGES.

ANDERSON—MILLER.—By Rev. H. W. Forbes, Dec. 23th. Dr. Wm. M. Anderson and Miss Anna C. Miller, both of Madison county, Iowa.

ANDREWS—CAMPELL.—Dr. Judson B. Andrews, of Utica N. Y., was married at New York Mills, December 27, 1871, to Miss Agnes, daughter of Hon. Samuel Campbell, of the latter place.

BUTLER—WHITE.—December 21st, at the First Presbyterian church, Stapleton, Staten Is and, by the Rev J. E. Rockwell, D. D., Henry L. Butler, Jr., and Cornelia, daughter of the late Dr. S. P. White.

DUNNING—MORRIS.—January 17, at St. Andrew's Church, Philadelphia, by the Right Rev. Alfred Lee, of Delaware, Dr. Erasmus G. Dunning, United States Navy, and Harriette Shalcross, youngest daughter of Samuel Morris, of Morrisana, Chester County, Pa.

FELLOWS—DOCKROFT.—In New York, Jan. 18th, at the residence of the bride's father, by Rev. Thomas De Witt, D. D., Robert Fellows and Emma L. Dockroft, daughter of William Cockcroft, M. D., all of that city.

HARSHBARGER—BROWN.—December 27th, by the Rev. J. W. White, A. S. Harshbarger, M. D., and Miss M. Lizzie Brown, youngest daughter of Hon. J. M. Brown, all of Milroy, Pa.

HOLBROOK—CHALMERS.—Jan. 17 1872, at the residence of the bride's father, by Rev. Dr. Paxton, assisted by Rev. Dr. Adams, William G. Holbrook, and Annie M., daughter of Dr. Chalmers, of New York.

HOOVER—BRENNEMAN.—By Rev. John Junkin Francis, At the Presbyterian parsonage, Freeport, Pa., Dec. 20th. A. M. Hoover, M. D., of Parker's Landing, and Miss Allie F. Brenneman, of Freeport, Pa.

LOUGHBRIDGE—WAKEFIELD.—At Harmar, Ohio, Jan. 1st, Dr. Samuel O. Loughbridge and Miss Mary L. Wakefield, both of Harmar.

McKEE—IRWIN.—December 21st, at Greenfield, O., Dr. B. H. McKee, of Bainbridge, O., and Miss Lizzie V. Irwin.

NODLER—CUSHING.—January 9th, at St. Mary's Cathedral, Cincinnati, O., by the Rev. J. W. Smith, Mr. J. W. Nodler, of Indianapolis, and Miss Romaine Vinton, second daughter of the late Dr. E. Cushing, of Covington, Ky.

RAY—WYNKOOP.—By Rev. John Gilmore, D. D., 27th, at the house of the bride's mother, Dr. Hiram W. Ray and Miss Abella H. Wynkoop, all of Bellevue, Iowa.

REYNOLDS—DAVID.—At Mt. Vernon, Ala., Dec. 20, Richard Reynolds, M. D., U. S. A., and Mrs. Margaret David.

ST. CLAIR—DOUGHERTY.—By Rev. A. McElwain, Jan. 4th. Mr. John P. St. Clair, son of Thomas St. Clair, M. D., and Miss Mattie J., daughter of J. B. Dougherty, Esq., all of Indiana, Pa.

TUCKER—MAGOFFIN.—At Ex-Gov. Magoffin's, near Harrodsburg, Ky., January 10, Dr. D. C. Tucker, of Danville, and Miss Annie Magoffin.

#### DEATHS.

ALCOORN.—In Alleghany, Pa., Dec. 27th, 1871, "Mattie," infant daughter of Dr. J. P. and M. H. Alcoorn.

FISHER.—At New Brunswick, N. J., Jan. 1st, Nettie S. Fisher, daughter of Dr. J. C. Fisher, aged 21 years.

HORTON.—In Terry own Pa., on the 7th inst, Miss Nancy T., daughter of Dr. G. F. and Abigail Horton, aged twenty-five years.

JOHNSON.—At Cambridge City, Ind., January 4th, Dr. Nathan Johnson, aged 77 years and 21 days.

TOBEY.—At Rochester, N. Y., December 30th, Dr. Philander G. Tobey, in his 73d year.

TROOST.—At Marcus Hook, Delaware county, Pa., on the 3d inst, of confluent small-pox, Mrs. Mary A. Troost, in her 60th year. She had an attack of the same disease fifteen years ago.